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CONFIRMATION NO. 4595

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|--|---|------------------------------------|--|--|
| <b>SERIAL NUMBER</b><br>09/293,231   | <b>FILING OR 371(c)<br/>DATE</b><br>04/16/1999<br><b>RULE</b>   | <b>CLASS</b><br>606                | <b>GROUP ART UNIT</b><br>3763  | <b>ATTORNEY<br/>DOCKET NO.</b><br>D-10 |
| <b>APPLICANTS</b><br>STEPHEN M. BRUNELL, MOUNTAIN VIEW, CA;<br>JEAN WOLOSZKO, MOUNTAIN VIEW, CA;<br>MICHAEL A. BAKER, WOODSIDE, CA;<br>HIRA V. THAPLIYAL, LOS ALTOS, CA;<br>PHILIP E. EGGERS, DUBLIN, OH;  |   |                                    |  |  |
| <b>** CONTINUING DATA *****</b>  |   |                                    |  |  |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                                    |  |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/12/1999</b>   |   |                                    |  |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged |   | <b>STATE OR<br/>COUNTRY</b><br>CA  | <b>SHEETS<br/>DRAWING</b><br>18  | <b>TOTAL<br/>CLAIMS</b><br>39          |
| Examiner's Signature _____ Initials _____  |   | <b>INDEPENDENT<br/>CLAIMS</b><br>4 |  |  |
| <b>ADDRESS</b><br>21394  |   |                                    |  |  |
| <b>TITLE</b><br>SYSTEMS AND METHODS FOR ELECTROSURGICAL REMOVAL OF THE STRATUM CORNEUM   |   |                                    |  |  |
| <b>FILING FEE<br/>RECEIVED</b><br>890  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |